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CENTRAL FAX CENTER****FEB 08 2005****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No. : 10/605,552 Confirmation No.: 2551
Applicant: : Aldo A. Laghi
Filed: : 10/08/2003
TC/A.U. : 3738
Examiner : Alvin J. Stewart

Docket No. : 1098.24.CIP1
Customer No. : 21,901
For : Cosmetic Covers for Prosthetic Limbs

Faxed to Technology Center 3700 at (703) 872-9302
Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

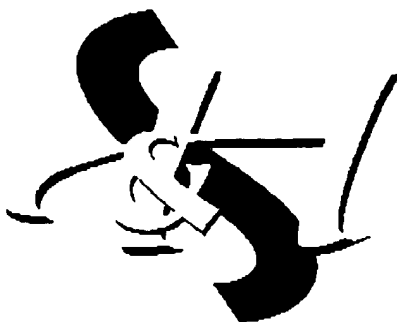
AMENDMENT A**Introductory Comments**

Sir:

In response to the Examiner's Action mailed 01/24/2005, having a shortened statutory period for response set to expire 04/30/2005, the above-identified patent application is amended a first time as follows:

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks begin on page 3 of this paper.



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CENTRAL FAX CENTER

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INTELLECTUAL PROPERTY LAW

To:	U.S. Patent & Trademark Office	From:	Ronald E. Smith
Attn:	Alvin J. Stewart - Art Unit 3738	Client:	1098.24.CIP1
Fax:	(703) 872-9302	Pages:	9 Including coversheet
Phone:	(703) 305-0277	Date:	February 8, 2005
Re:	USSN 10/605,552	CC:	Aldo A. Laghi

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Dear Examiner Stewart:

In response to the non-final office action mailed January 24, 2005, we enclose the following:

- 1) Amendment Transmittal with Certificate of Facsimile Transmission under 37 CFR 1.8(a) dated February 8, 2005 (2 pages);
- 2) Amendment A with Certificate of Facsimile Transmission under 37 CFR 1.8(a) dated February 8, 2005 (4 pages);
- 3) Terminal Disclaimer to Obviate a Double Patenting Rejection over a Prior Patent (1 page); and
- 4) Credit Card Payment Form PTO-2038 in the amount of \$65.00 (1 page).

Very respectfully,

Ronald E. Smith
Reg. No. 28,761

The documentation accompanying this transmission contains information from the Law Office of Smith & Hopen, P.A., which is confidential and/or privileged. The information is intended only for the use of the individual or entity named on this sheet. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reliance upon the contents of this telecopied information is strictly prohibited. If you have received this transmission in error, please notify us by telephone immediately, so that we can arrange for the return of the original documents to us at no cost to you.

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AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is an independent inventor. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF FACSIMILE TRANSMISSION

(37 C.F.R. 1.8 (a))

I HEREBY CERTIFY that this Amendment A, including Introductory Comments, Amendments to the Claims, a Terminal Disclaimer, and Remarks, is being transmitted by facsimile to the United States Patent and Trademark Office, Art Unit 3738, Attn: Mr. Alvin J. Stewart, (703) 872-9302 on February 8, 2005.

Dated: February 8, 2005


Deborah Preza

(Amendment Transmittal—page 1)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col.2)	(Col.3)	SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	3	Minus	20	= 0	x \$25 =	\$0
Indep.	1	Minus	3	= 0	x \$100 =	\$0
First Presentation of Multiple Dependent Claim					+ \$180 =	\$0
Total						Addit. Fee \$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,
 ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

Very respectfully,



SIGNATURE OF PRACTITIONER

Reg. No. 28,761
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 15950 Bay Vista Drive, Ste. 220
 Clearwater, FL 33760

(Amendment Transmittal—page 2)